Indiana State Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 004376 | A. BUILDING _____ B. WING _____ | C 01/31/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SHIELDS HOUSE | 2288 NICHOLAS CT SEYMOUR, IN 47274 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| R 000 | INITIAL COMMENTS<br><br>This visit was for the Investigation of Complaint IN00102438.<br><br>Complaint IN00102438 - Unsubstantiated, due to lack of evidence.<br><br>Survey date: 01/31/12<br><br>Facility number: 004376<br>Provider number: 004376<br>AIM number: NA<br><br>Survey team:<br>Sharon Whiteman RN<br><br>Census bed type:<br>Residential: 30<br>Total: 30<br><br>Census payor type:<br>Other: 30<br>Total: 30<br><br>Sample: 03<br><br>Shields House was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00102438.<br><br>Quality review 2/01/12 by Suzanne Williams, RN | R 000 | | |